
STATE OF INDIANA
EXECUTIVE DEPARTMENT
INDIANAPOLIS

EXECUTIVE ORDER: 21-24

FOR: FURTHER CONTINUATION OF LIMITED PROVISIONS TO ADDRESS THE IMPACT AND SPREAD OF THE CORONAVIRUS DISEASE (COVID-19)

TO ALL WHOM THESE PRESENTS MAY COME, GREETINGS:

WHEREAS, on March 6, 2020, I issued Executive Order 20-02 [[20200311-IR-GOV200091EOA](#)] which declared a public health emergency exists throughout the State of Indiana as result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and a confirmed report of the disease in our State and this initial declaration has been extended by me in subsequent Executive Orders (Executive Orders 20-17, -25, -30, -34, -38, -41, -44, -47, -49, -52, 21-03, -05, -08, -11, -14, -16, -18 & -22);

WHEREAS, on March 11, 2020, the World Health Organization declared COVID-19 to be a global pandemic and, on March 13, 2020, the President of the United States declared a national emergency with respect to this dangerous virus;

WHEREAS, since April 2020, the virus spread to, and remains in, every county in our State, and throughout the state we have over 863,000 confirmed cases and over 14,000 deaths;

WHEREAS, as Governor, under Indiana's Emergency Management and Disaster Law, Ind. Code ch. 10-14-3 ("Emergency Disaster Law"), I have authority to take actions necessary to prepare for, respond to and address a public health disaster emergency including the following:

- making, amending and rescinding the necessary orders, rules and regulations to carry out the response to a public health disaster emergency;
- suspending the provisions of any regulatory statute prescribing the procedures for conduct of state business, including the orders, rules or regulations of any state agency if strict compliance with any of these provisions would in any way prevent, hinder, or delay necessary action in coping with the emergency;
- transferring the direction, personnel, or functions of state departments and agencies or units for performing or facilitating emergency services; and
- using any and all available resources of state government and of each political subdivision of our State as reasonably necessary to cope with the public health disaster emergency;

WHEREAS, by consulting with experts and utilizing a data-driven approach to make decisions based on facts, science, and recommendations from experts in health care, business, labor, and education, we have sought to protect our Hoosier economy while prioritizing Hoosiers' health in the process;

WHEREAS, on a weekly basis, the IDOH reviews each county's number of cases per 100,000 individuals and the county's seven-day positivity rate for the prior week and from that data assigns a numerical score which translates to one of four colors (blue, yellow, orange or red);

WHEREAS, our vaccination program and efforts continue with over 3.1 million Hoosiers fully vaccinated out of 5.7 million eligible. Critically, only 52.9% of eligible Hoosiers are fully vaccinated;

WHEREAS, throughout the Hoosier state, we are seeing a significant and serious increase in new confirmed cases and hospitalizations and tragically, continued deaths daily from COVID-19 that is based on a surge driven by the Delta variant which is much more transmissible, demonstrated by a 7-day average positivity rate of 2.1% two months ago, 6.3% a month ago and is now 10.9%;

WHEREAS, for the week ending August 15, 2021, 981 of the 1,000 new COVID-19 patients admitted to the hospital were unvaccinated; 189 of 195 COVID-19 patients admitted to intensive care units (ICU) were unvaccinated; and 67 of 71 COVID-19 deaths were unvaccinated individuals;

WHEREAS, the rise in COVID-19 cases has placed increased demands on our hospitals and in particular, Emergency Departments and critical care units are strained;

WHEREAS, the data has shown us that the spread of COVID-19 in the Hoosier state and in other areas can be significantly reduced where there are robust vaccinations and adherence to mitigation efforts, such as masking, contact tracing, quarantine and isolation;

WHEREAS, based on all of the above, efforts should continue, and the State of Indiana will continue using county-based assessments to monitor and provide information on the spread or impact of COVID-19 within a particular county.

NOW, THEREFORE, I, Eric J. Holcomb, by virtue of the authority vested in me as Governor by the Indiana Constitution and the laws of the State of Indiana, do hereby order:

1. Duration of this Executive Order

The directives in this Executive Order become effective September 2, 2021, at 12:01 a.m. and continue through 11:59 p.m. on September 30, 2021, and all Hoosiers, Hoosier businesses, and other individuals in the state must adhere to the directives set forth in this Executive Order unless rescinded, modified, or extended by me.

2. Directives in Executive Order 21-17 Continued Again

a. As previously extended in Executive Order 21-19 [[20200311-IR-GOV200091EOA](#)] and 21-23 [[20210908-IR-GOV210396EOA](#)], the directives in Executive Order 21-17 [[20200311-IR-GOV210339EOA](#)], subject to the modifications outlined below, will remain in effect for the duration of this Executive Order.

b. The continued directives that remain in effect pertain to:

- i) licensing of health care workers and students who have been granted a temporary license, however, such temporary licenses are now extended through December 31, 2021 (EO 21-17 ¶ 3);
- ii) registration requirements for certain Indiana or out-of-state health care providers (EO 21-17 ¶ 4);
- iii) insurance coverage for temporarily licensed out-of-state health care providers (EO 21-17 ¶ 5);
- iv) expansion of those permitted to administer COVID-19 vaccinations and PREP Act immunity for those providing vaccinations (EO 21-17 ¶ 6);
- v) the Family and Social Services Administration's (FSSA) implementation of the Indiana Medicaid, HIP, CHIP and Medworks programs (EO 21-17 ¶ 7(a), (b), (e));
- vi) the Department of Workforce Development's (DWD) provision on augmentation of its workforce, which continues and remains in effect for as long as it remains authorized and permitted by federal law (EO 21-17 ¶ 8(b));
- vii) completion dates for law enforcement training at the Indiana Law Enforcement Academy (EO 21-17 ¶ 9); and
- viii) waiver of penalty and interest in taxation of unemployment compensation (EO 21-17 ¶ 10).

c. The provision in paragraph 7(c) of Executive Order 21-17 [[20200311-IR-GOV210339EOA](#)] pertaining to the job search requirements for the Temporary Assistance to Needy Families (TANF) program is rescinded.

d. The provision in paragraph 7(d) of Executive Order 21-17 [[20200311-IR-GOV210339EOA](#)] pertaining to prescribing amounts for opioid take-home medications remains rescinded.

e. The provision in paragraph 8(a) of Executive Order 21-17 [[20200311-IR-GOV210339EOA](#)] pertaining to the suspension of the one week waiting period before paying unemployment benefits to claimants will be rescinded at the conclusion of the benefit week ending September 4, 2021.

3. Advanced Practice Registered Nurses

An Advanced Practice Registered Nurse is permitted to provide services in multiple locations as long as they have an existing collaborative agreement on file. The relevant provisions in Ind. Code § 25-23-1-19.4 and [848 IAC 5-1-1\(a\)\(7\)\(F\)](#) are suspended to effectuate this directive.

4. Hospitals: Non-Emergent Procedures & Reporting Requirements

a. *Non-Emergent Procedures:*

Due to the current strain on our health care system, hospitals are directed to implement evidence-based criteria to ensure sufficient capacity and staffing to care for all patients, and where necessary, should reprioritize or postpone non-emergent surgeries or procedures. Hospitals should consult the best practices and recommendations developed by their respective medical associations and industries in making this assessment.

b. *Reporting:*

Hospitals must report the following to the IDOH's EM Resource system to allow for capacity and resource availability monitoring:

- i) diversion status must be reported as directed by the IDOH;
- ii) number of hours spent in diversion for Emergency Departments (ED) and critical care units for the previous day must be reported daily; and
- iii) in order to assist hospitals with coordination and resources to aid facility to facility transfers, all information required by the Department of Health and Human Services, including number of available beds, Intensive Care Unit (ICU) beds, pediatric beds, pediatric ICU beds, and ventilator availability, must be reported daily.

5. Insurance & Prior Authorizations

a. *Extension of Prior Authorizations of Certain Non-Emergent Procedures*

I direct the Commissioner of the Indiana Department of Insurance (IDOI) to request that insurers issuing accident and sickness insurance policies, as defined in Ind. Code § 27-8-5-1, and health maintenance organizations, as defined in Ind. Code § 27-13-1-19, extend prior authorization timeframes for open and approved authorizations. This extension applies only to prior authorizations for non-emergent surgeries or procedures postponed to ensure sufficient COVID-19 response capabilities.

b. *Prior Authorizations for Transfer or Discharge of Patients*

To expedite and facilitate the transfer of patients from hospitals to the most appropriate setting, including post-acute placement and home-based, I further direct the IDOI Commissioner to request that insurers issuing accident and sickness insurance policies, as defined in Ind. Code § 27-8-5-1, and health maintenance organizations, as defined in Ind. Code § 27-13-1-19, waive clinical information requirements for prior authorizations for such transfers or discharges.

6. COVID-19 Control Measures for Institutions and Congregate Care Facilities

a. *COVID-19 Control Measures:*

The IDOH, pursuant to Ind. Code § 16-41-2-1 and 410 Ind. Admin. Code § 1-2.5-79, has issued measures to control COVID-19. The measures require institutions and congregate care facilities, including K-12 educational institutions, post-secondary facilities, long-term care facilities, jails, prisons, childcare facilities, and other congregate settings to report all known positive COVID-19 cases in a manner prescribed by the IDOH. This reporting measure is also required by Commissioner Order # CO 21-01. The control measures further require case investigation and contact tracing as well as appropriate isolation of those who test positive for COVID-19 and quarantining of close contacts. The COVID-19 Control Measures are found at: <https://www.in.gov/health/erc/files/COVID-19-Control-Measures-under-410-IAC-1.pdf>.

b. K-12 Educational Institutions & Child Care Facilities:

i) Local Restrictions and Measures to Address COVID-19

Subject to pertinent statutory provisions, Executive Order provisions, local ordinances and directives, and/or state or local health orders, local school boards and/or the relevant governing bodies of all public and private K-12 educational institutions and childcare facilities are responsible for implementing local measures and restrictions to address the impact and spread of COVID-19 in their buildings, facilities, and grounds. These restrictions and measures may be more restrictive, but not less restrictive, than required by statute, Executive Orders, local ordinances and directives, and state or local health orders. The IDOH has updated its school guidance to assist local school corporations and this guidance may be found at: <https://www.coronavirus.in.gov/2400.htm>.

K-12 educational institutions and childcare facilities must continue to perform contact tracing activities, provide parental notification to close contacts to allow for monitoring of symptoms, and report all known positive COVID-19 cases to state and local health departments and their regulatory agencies such as the Family and Social Services Administration as required by this Executive Order and Commissioner Order # CO 21-01.

ii) Modification of Quarantine Requirement for Close Contacts in K-12 Educational Institutions and Childcare Facilities

I direct the Commissioner of IDOH to evaluate, and modify where warranted, the quarantine provisions for 1) individuals who are close contacts of a COVID-19 infected person in K-12 educational institutions and childcare facilities that 2) adhere to measures and protocols to control COVID-19 set forth in IDOH's orders and guidance.

7. For All Hoosiers and Individuals within the Hoosier State

a. Individual Responsibility:

All Hoosiers and each and every person within the Hoosier state should take responsibility for their safety and the health and safety of those around them by taking appropriate preventative measures. This is particularly important due to the high transmissibility of the Delta variant of COVID-19.

b. Vaccination:

Unvaccinated individuals are the most at risk for serious illness, hospitalization and death. Since January 2021, 93% of new COVID-19 cases are with unvaccinated individuals. All Hoosiers, age 12 and above, are strongly encouraged to obtain a COVID-19 vaccination which will be provided at no cost. Hoosiers can locate a vaccination site by calling 2-1-1 or visiting www.ourshot.in.gov. Anyone younger than 18 years of age may only receive the Pfizer vaccine. The COVID-19 vaccination has proven to provide the single best protection from serious illness and hospitalization caused by the COVID-19 infection.

c. Individuals with COVID-19 Symptoms:

Hoosiers and others in the Hoosier state who are symptomatic, whether fully vaccinated or unvaccinated, should get tested for COVID-19. Individuals who test positive shall isolate according to IDOH guidelines. Individuals who are symptomatic and test negative should isolate until their symptoms have resolved.

d. Close Contacts of Individuals with COVID-19:

A close contact is someone who was within 6 feet of a COVID-19 infected person for a cumulative total of 15 minutes or more over a 24-hour period.

Fully vaccinated individuals who are close contacts of a person who tests positive for COVID-19 may continue their normal activities but must wear a mask at all times in public until they test negative 3-5 days after exposure or until 14 days have passed.

Unvaccinated individuals who are close contacts of a COVID-19 infected person shall quarantine, if

required, according to IDOH guidelines.

8. No Limitation on Authority

Nothing in this Executive Order shall, in any way, alter or modify any existing legal authority allowing the State, any local health department, or any other proper entity from ordering: (a) any quarantine or isolation that may require an individual to remain inside a particular residential property or medical facility for a limited period of time, including the duration of this public health emergency; or (b) any closure of a specific location for a limited period of time, including the duration of this public health emergency.

9. Local Declarations of Emergency

Pursuant to the Emergency Disaster Law, no local ordinance, directive, or order of any county, political subdivision, or other local government entity pertaining to this public health emergency, may contradict or impose less restrictive requirements than those set forth in this Executive Order, or else that ordinance, directive, or order will be void and of no force or effect. However, unless prohibited by an Executive Order, local ordinances, directives, and orders may be more restrictive provided they comply with Ind. Code §§ 16-20-1-21.5 and 16-22-8-31.3.

10. Savings Clause

If any provision of this Executive Order, or its application to any person or circumstance, is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order, which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are hereby declared to be severable.

IT IS SO ORDERED.

IN TESTIMONY WHEREOF, I, Eric J. Holcomb, have hereunto set my hand and caused to be affixed the Great Seal of the State of Indiana, on this 1st day of September, 2021.

Eric J. Holcomb
Governor of Indiana

SEAL

ATTEST: Holli Sullivan
 Secretary of
 State

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